



State of Washington
Business Licensing Service
PO Box 9034
Olympia, WA 98507-9034
1-800-451-7985

Owner/business name

UBI number

Commercial Telephone Solicitor Supplemental Information

INSTRUCTIONS:

This form must be completed by the owner of the Commercial Telephone Solicitor business. (If more space is needed, attach additional sheets using the same format.)

A Owner information

Owner name *Last, first, middle*

Firm/business name

B Additional information

1. If your headquarters are located outside of Washington State, and you do not have business locations in Washington State, list the name and address where your business correspondence may be sent.

Name

Address *Street or route, PO box, city, state, zip code*

2. Provide the following information for each location of your Commercial Telephone Solicitor business.

Location address <i>Street or route, PO box, city, state, zip code</i>	Manager(s) name(s)

3. Is any person other than the licensee to share in the profits or losses of the business?..... ☐ Yes ☐ No
If yes, list names and addresses below. (If the business is a corporation, do not list shareholders.)

Name	Address <i>Street or route, PO box, city, state, zip code</i>

4. Does any person other than the sole proprietor, partners, corporate officers, or stockholders have any financial interest in this business?..... ☐ Yes ☐ No
If yes, list names and addresses below.

Name	Address <i>Street or route, PO box, city, state, zip code</i>

5. List the **physical** address where records will be kept for this business (do **not** use a Post Office box number).

Address *Street or route, city, state, zip code*